

Women and Smoking

This year alone, lung cancer will kill nearly 68,000 U.S. women. That's one in every four cancer deaths among women, and about 27,000 more deaths than from breast cancer (41,000). In 1999, approximately 165,000 women died prematurely from smoking-related diseases, like cancer and heart disease. Women also face unique health effects from smoking such as problems related to pregnancy.

In the 1990s, the decline in smoking rates among adult women stalled and, at the same time, rates were rising steeply among teenaged girls, blunting earlier progress. Smoking rates among women with less than a high school education are three times higher than for college graduates. Nearly all women who smoke started as teenagers - and 30 percent of high school senior girls are still current smokers.

- Despite all that is known of the devastating health consequences of smoking, 22.0 percent of women smoked cigarettes in 1998. Cigarette smoking became prevalent among men before women, and smoking prevalence in the United States has always been lower among women. However, the once-wide gender gap in smoking prevalence narrowed until the mid-1980s and has since remained fairly constant. Smoking prevalence today is nearly three times higher among women who have only 9 to 11 years of education (32.9 percent) than among women with 16 or more years of education (11.2 percent).
- In 2000, 29.7 percent of high school senior girls reported having smoked within the past 30 days. Smoking prevalence among white girls declined from the mid-1970s to the early 1980s, followed by a decade of little change. Smoking prevalence then increased markedly in the early 1990s, and declined somewhat in the late 1990s. The increase dampened much of the earlier progress. Among black girls, smoking prevalence declined substantially from the mid-1970s to the early 1990s, followed by some increases until the mid-1990s. Data on long-term trends in smoking prevalence among high school seniors of other racial or ethnic groups are not available.
- Since 1980, approximately 3 million U.S. women have died prematurely from smoking related neoplastic, cardiovascular, respiratory, and pediatric diseases, as well as cigarette-caused burns. Each year during the 1990s, U.S. women lost an estimated 2.1 million years of life due to these smoking attributable premature deaths. Additionally, women who smoke experience gender-specific health consequences, including increased risk of various adverse reproductive outcomes.
- Lung cancer is now the leading cause of cancer death among U.S. women; it surpassed breast cancer in 1987. About 90 percent of all lung cancer deaths among women who continue to smoke are attributable to smoking.
- Exposure to environmental tobacco smoke is a cause of lung cancer and coronary heart disease among women who are lifetime nonsmokers. Infants born to women exposed to environmental tobacco smoke during pregnancy have a small decrement in birth weight and a slightly increased risk of intrauterine growth retardation compared to infants of nonexposed women.

Source: Surgeon General's Report on Women and Smoking

Missouri Women's Council

421 East Dunklin Street ~ PO Box 1684 ~ Jefferson City, Missouri 65102
Toll Free in Missouri: (877) 426-9284 ~ (573) 751-0810 ~ Fax: (573) 751-8835
WebSite: www.womenscouncil.org ~ Email: wcouncil@mail.state.mo.us

- Women who stop smoking greatly reduce their risk of dying prematurely, and quitting smoking is beneficial at all ages. Although some clinical intervention studies suggest that women may have more difficulty quitting smoking than men, national survey data show that women are quitting at rates similar to or even higher than those for men. Prevention and cessation interventions are generally of similar effectiveness for women and men and, to date, few gender differences in factors related to smoking initiation and successful quitting have been identified.
- Smoking during pregnancy remains a major public health problem despite increased knowledge of the adverse health effects [of smoking during pregnancy]. Although the prevalence of smoking during pregnancy has declined steadily in recent years, substantial numbers of pregnant women continue to smoke, and only about one-third of women who stop smoking during pregnancy are still abstinent one year after the delivery.
- Tobacco industry marketing is a factor influencing susceptibility to and initiation of smoking among girls, in the United States and overseas. Myriad examples of tobacco ads and promotions targeted to women indicate that such marketing is dominated by themes of social desirability and independence. These themes are conveyed through ads featuring slim, attractive, athletic models, images very much at odds with the serious health consequences experienced by so many women who smoke.

Health Consequences of Tobacco Use Among Women

- A woman's annual risk for death more than doubles among continuing smokers compared with persons who have never smoked in all age groups from 45 through 74 years.
- The risk for lung cancer increases with quantity, duration, and intensity of smoking. The risk for dying of lung cancer is 20 times higher among women who smoke two or more packs of cigarettes per day than among women who do not smoke.
- Smoking is a major cause of cancers of the oropharynx and bladder among women. Evidence is also strong that women who smoke have increased risks for liver, colorectal, and cervical cancer, and cancers of the pancreas and kidney. For cancers of the larynx and esophagus, evidence among women is more limited but consistent with large increases in risk.
- Smoking is a major cause of coronary heart disease among women. Risk increases with the number of cigarettes smoked and the duration of smoking. Risk is substantially reduced within 1 or 2 years of smoking cessation. This immediate benefit is followed by a more gradual reduction in risk to that among nonsmokers by 10 to 15 or more years after cessation.
- Women who smoke have an increased risk for stroke and subarachnoid hemorrhage. The increased risk for stroke associated with smoking is reversible after smoking cessation; after 5 to 15 years of abstinence, the risk approaches that of women who have never smoked.
- Women who smoke have an increased risk for death from ruptured abdominal aortic aneurysm. They also have risk for peripheral vascular atherosclerosis, but cessation is associated with improvements in symptoms, prognosis, and survival. Smoking is also a strong predictor of the progression and severity of carotid atherosclerosis among women, but smoking cessation appears to slow the rate of progression.
- Cigarette smoking is a primary cause of chronic obstructive pulmonary disease (COPD) among women, and the risk increases with the amount and duration of smoking. Approximately 90 percent of deaths from COPD among women in the United States can be attributed to cigarette smoking.
- Adolescent girls who smoke have reduced rates of lung growth, and adult women who smoke experience a premature decline of lung function.
- Women who smoke have increased risks for conception delay and for both primary and secondary infertility and may have a modest increase in risks for ectopic pregnancy and spontaneous abortion. They are younger at natural menopause than non-smokers and may experience more menopausal symptoms.
- Women who quit smoking before or during pregnancy reduce the risk for adverse reproductive outcomes, including conception delay, infertility, preterm premature rupture of membranes, preterm delivery, and low birth weight.